FISH SUBMISSION FORM



ANIMAL HEALTH CENTRE BC Ministry of Agriculture and Food 1767 Angus Campbell Rd. Abbotsford BC, V3G 2M3

www.gov.bc.ca/animalhealthcentre AAVLD—Accredited Laboratory 604-556-3003 1-800-661-9903

Fax: 604-556-3010 Email: PAHB@gov.bc.ca

USE ONLY DATE:	VERIFIED: DATE:	SENT: PM	COORD:		
* Please ensure all required information (in red with *) is completed. Samples with incomplete forms will not be tested.					
CLIENT REFERENCE #: COLLECTED ON: SUBMITTED ON: (YYYY/MM/DD) (YYYY/MM/DD)					
☐ Insurance Claim ☐ Possi	ible Litigation	SUSPECT FAD/ZOONOTIC AGENT:			
* SUBMITTED BY: Owner Vet Clir	nic ☐ Other (Fill out info →)	SUBMITTER AND/OR BILLING:	ACCOUNT #:		
*BILL TO: ☐ Owner ☐ Vet Clinic ☐ Other (Fill out info →)		NAME:			
* REPORTS TO [†] : ☐ Owner ☐ Vet Clinic ☐ Other (Fill out info →)		ADDRESS:			
† Reports will be sent by email (or fax) to each of the parties indicated above. Preliminary reports will be sent to Vet Clinic unless otherwise specified.		CITY:	PROVINCE:		
ADDITIONAL REPORT EMAIL:		POSTAL CODE:	PHONE:		
ADDITIONAL REPORT EMAIL:		EMAIL / FAX:			
* OWNER:	PREMISE ID:	VETERINARIAN:	ACCOUNT #:		
FARM NAME:		VET CLINIC:			
* ADDRESS:	ADDRESS:		ADDRESS:		
* CITY:	* PROVINCE:	CITY:	PROVINCE:		
* POSTAL CODE:	* PHONE:	POSTAL CODE:	PHONE:		
EMAIL / FAX:		EMAIL / FAX:			
* PHYSICAL LOCATION OF ANIMALS: OWNER/FARM ADDRESS (as above) OTHER LOCATION (specify below with either address or Lat/Long)					
ADDRESS:		CITY:	POSTAL CODE:		
LATITUDE:	LONGITUDE:	UTM ZONE: EASTING:	NORTHING:		
* SPECIES:	AGE: □	D W W Y SIZE (kg/g):	(If by length, specify in History)		
USE/TYPE OF ANIMAL (select one):					
USE/TYPE OF ANIMAL (select one):					
USE/TYPE OF ANIMAL (select one): OWNED: Farmed - Land Ba	sed ☐ Farmed - Open Water I	☐ Farmed - Unknown ☐ Shellfish ☐	Zoo/Aquarium 🔲 Pet		
OWNED:	sed ☐ Farmed - Open Water ☐ ☐ Marine ☐ Shellfish ☐ Unl		I Zoo/Aquarium ☐ Pet		
OWNED:	☐ Marine ☐ Shellfish ☐ Unl	known	Zoo/Aquarium Pet Per (<i>Please specify in History section</i>)		
OWNED:	Marine ☐ Shellfish ☐ Unl	known	er (Please specify in History section)		
OWNED:	Marine Shellfish Unl Pond Flow Through Cornly): # \$	age/Pen	er (Please specify in History section)		
OWNED:	Marine Shellfish Unl Pond Flow Through Cornly): # \$	age/Pen	er (Please specify in History section) : NIMAL DIED:		
OWNED:	Marine Shellfish Unl Pond Flow Through Cornly): # \$	age/Pen Recirculating System Oth SICK: # DEAC DATE A (YY)	er (Please specify in History section) :: NIMAL DIED: 'Y/MM/DD)		
OWNED:	Marine ☐ Shellfish ☐ Unl ☐ Pond ☐ Flow Through ☐ Composition Fronty): # \$ Fronty: # \$ Fronty: ☐ CHEMICAL Anti-inflamman	Asion Recirculating System Other (Please specify asserting specify as a specify asserting specify as a specific as	er (Please specify in History section) :: NIMAL DIED: 'Y/MM/DD)		
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FQM-012F-02 Page 2 of 2 * Please ensure all required information (in red with *) is completed. Samples with incomplete forms will not be tested. **HISTORY (Continued):** * SPECIMENS SUBMITTED AND SERVICES REQUESTED For 10 or more samples email a digital spreadsheet to: PAHB@gov.bc.ca ☐ Full Necropsy Includes up to 5 ancillary tests as deemed appropriate by the pathologist □ Diagnostic Package On tissues collected outside of the AHC, includes up to 5 ancillary tests as deemed appropriate by the pathologist ☐ Include additional tests at pathologist's discretion (additional fees may apply) Received # Sent# Bacteriology Histopathology Whole Fish ☐ Aerobic culture and sensitivity ☐ Histopathology ☐ Aerobic culture only ☐ Slide Preparation only Fixed Tissues Fresh Tissues ■ DNA Sequencing only ☐ IHC: ☐ MALDI ID only Other Histo: Viral Media Swab Virology: (for full list of available isolation tests see fee guide) ☐ Other Bacti: Bacti Media Swab ☐ Virus Isolation for: Dry Swab Other (list below): ☐ Electron Microscopy for: Other Viro: Molecular Diagnostics (PCR) Check off tissue types below ☐ **BKD** – Bacterial Kidney Disease (Renibacterium salmoninarum) ☐ SAV – Salmon Alphavirus Fresh Formalized ☐ Brain ■ BO – Bonamia ostreae - Oyster ☐ SalH – Salmonid Herpesvirus 1 □ Brain ☐ **CS** – Ceratonova shasta □ Eye □ Eye ☐ SRS – Salmon Rickettsial Syndrome (*Piscirickettsia salmonis*) ☐ EHN – Epizootic Haematopoietic Necrosis Virus ☐ KUDOA – Salmon Soft Flesh Disease (Kudoa thyrsites) ☐ Heart ☐ Heart ☐ Gill ☐ Gill ☐ Fcol – Flavobacterium columnare □ **SVC** – Spring Viremia of Carp Virus ☐ Liver ☐ Liver ☐ IHN – Infectious Hematopoietic Necrosis Virus □ **TSV** – Taura Syndrome Virus ☐ IPN – Infectious Pancreatic Necrosis Virus ☐ Head Kidney ☐ Head Kidney ■ TMAR – Tenacibaculum maritimum ☐ ISA – Infectious Salmon Anemia Virus ☐ Trunk Kidney ☐ Trunk Kidney ☐ VHS – Viral Hemorraghic Septicemia Virus ☐ KHV – Koi Herpesvirus (Cyprinid Herpesvirus 3) ■ MYXO – Whirling Disease (Myxobolus cerebralis) ☐ Spleen Spleen ☐ Stomach ☐ Stomach □ LOMA – Loma salmonae ☐ **WSSV** – White Spot Syndrome Virus ☐ Intestine/Ceca ☐ Intestine/Ceca ■ MVis – Moritella viscosa □ **WSHV-1** – White Sturgeon Herpesvirus 1 □ NOC – Nocardia seriolae □ WSHV-2 – White Sturgeon Herpesvirus 2 ☐ Skin/Sk. Muscle ☐ Skin/Sk. Muscle □ NS – Nucleospora salmonis ☐ Fins ☐ Fins □ **WSIV** – White Sturgeon Iridovirus ☐ Gonad ☐ Gonad ■ NP – Paramoeba perurans ☐ YHV - Yellow Head Virus ☐ PMCV – Piscine Myocarditis Virus ☐ YERS – Yersinia ruckeri Other: Other: Other PCR: Please view our full list of tests available in our fee guide at www.gov.bc.ca/animalhealthcentre * Do these fish samples originate from outside the Pacific Ocean Watershed (not species specific)? □ NO – If NO, only sign for acknowledgement ☐ YES – If YES, review and initial declarations and sign acknowledgement

Submitter Declaration under conditions for movement of animals or things to a closed premise facility:

I declare that the specimens have been packaged in new or decontaminated containers and have been packaged to prevent the escape or leakage of contents during transport to the closed premise facility. Initials: I declare that the animals or things that I am submitting are not under any restrictions or destruction orders. Initials:

By initialling above and signing and dating below the submitter is attesting to the stated declarations on this submission form.

*Submitter's Signature:	Date: (YYYY/MM/DD))
oubilition a olynature.	Date. (TTTT/WIW/DE	')

^{*} IMPORTANT PLEASE READ: By signing this form, the submitter acknowledges and agrees: 1) Specimens submitted are cremated on site following testing and ashes will not be returned. 2) Personal information supplied by the submitter is collected by His Majesty The King in right of B.C. as represented by the Minister of Agriculture and Food (AF) under s. 26(c) of the Freedom of Information and Protection of Privacy Act, for completing the requested testing and analysis. Such personal information will be used and disclosed only in accordance with that Act and the Animal Health Act. The submitter can direct any questions on personal information to PAHB@gov.bc.ca. 3) AF may use information related to food-producing animal testing for the summarized statistical surveillance of production animal health in B.C. 4) In the event of a suspected reportable, notifiable or foreign animal disease, the AHC must comply with relevant laws by confirming the diagnosis and notifying the appropriate agencies. 5) The AHC may send the specimen submitted to an external third-party laboratory for required testing at the discretion of the Case Coordinator, unless otherwise directed by the client.